		I AND HUMAN SERVICES			APPROVEI 0938-039
STATEMEN"	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		
		295023	B. WING	02/20	6/2008
NAME OF F	PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ŽIP CODE 2898 HIGHWAY 50 EAST	
CARSON	CONVALESCENT C	ENTER		CARSON CITY, NV 89701	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	rs	F 00	0	
	a result of the inves	Deficiencies was generated as stigation of two complaints acility beginning on 02/15/08			
	failed to provide me anxiety in a timely r	17309 alleged that the facility edications to relieve pain and manner. The complaint was dederal deficiencies cited.			4.4
		17093 alleged that the facility slean and sanitary environment complaint was			
	by the Health Division prohibiting any crimactions or other claim	onclusions of any investigation on shall not be construed as inal or civil investigation, ims for relief that may be ty under applicable federal,			
F 309	•	F CARE	F 30	9	
SS=G	provide the necessar or maintain the high mental, and psycho	receive and the facility must ary care and services to attain lest practicable physical, social well-being, in e comprehensive assessment		F 309 RESIDENT # I DISCHARGED FROM THE FACILITY 2/4/08. RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED BY FAILURE TO PROVIDE CARE AND SERVICES FOR THE RELIEF OF PAIN AND ANXIETY IN A TIMELY MANNER.	
	by: Based on record re- interview,it was dete	View, resident and staff ermined that the facility failed services for the relief of pain			
ABORATOR	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S STON	ATURE		(X6) DATE
	lme 1.	1 Secthoff	<u> </u>	Administrator 3,	120/0

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S COMPLE	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED C	
		295023	B WING _		i	26/2008
	PROVIDER OR SUPPLIER	ENTER	2	REET ADDRESS, CITY, STATE, ZIP CO 898 HIGHWAY 50 EAST CARSON CITY, NV 89701	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	(Resident #1) Findings include: Resident #1: The refacility on 02/02/200 status post knee su septic arthritis. On 2/15/08 record resident was admitte 02/02/2008. The renurse, LPN #1 had medication and antiaon the same date. Antibiotic IV every 6 the IV antibiotic for anxiety On 2/26/08 at 11:00 reported that she ha and antianxiety med arrived" at the facility She stated that at 6: again for both medic "you will have to wai done". She recounted nurse again at 8:00 and anxiety medicated that she was" not do resident asked why in nurse replied," it take around 9:00 AM". Resident #1 stated the 2/2/08 because she and I never got any resident and she was she and I never got any resident and she was she and I never got any resident and she was she and I never got any resident asked why in the she was she and I never got any resident asked why in the she was she and I never got any resident asked why in the she was she and I never got any resident asked why in the she was she and I never got any resident asked why in the she was she and I never got any resident asked why in the she was she and I never got any resident asked why in the she was she and I never got any resident asked why in the she was she and I never got any resident asked why in the she was she and I never got any resident asked why in the she was sh	esident was admitted to the 8 with diagnoses including rgery, osteomyelitis, and review revealed that the ed to the facility at 4:30 PM on cord showed that admitting obtained orders for pain anxiety medication at 5:00 PM The medication orders were: hours, Lortab 30 min before pain, Xanax 30 min before the cain, Xanax 30 min before the	F 309	THE CORRECTIVE ACTION IS LICENSED NURSES WILL BE ON THE FOLLOWING: MEDICATION MANAGEMENT, PAIN MANAGEMENT, PHARMACY MEDICATION OF PSYCHOSOCIAL OUTCOME S GUIDE REGULATION, UNDERSTANDING AND MAN DIFFICULT BEHAVIOR, AND MEDICATION PASS CHECKLE HER DESIGNEE BY 3/26/08. SEE ATTACHMENTS F309 A-F MONITORING WILL OCCUR TFACILITY GREIVANCE PROCE MONTHLY RESIDENT COUNCE BY DON OR HER DESIGNEE.	INSERVICED T, RDERING, SEVERITY IAGING IST BY SDC OR THROUGH THE EDURE AND CIL MEETINGS	3/26/08

though I kept asking for them and I had an order

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLE	(X3) DATE SURVEY COMPLETED	
		295023	B. WI	NG			C 6/2008	
NAME OF PROVIDER OR SUPPLIER CARSON CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODI 2898 HIGHWAY 50 EAST CARSON CITY, NV 89701			•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	TIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 309	for them (the medic when the antibiotic "very anxious and h during the administ antibiotic. She repo "two doses of the in her admission to th antianxiety medicat and was really afrai	cations)". She reported that is administered she becomes her heart beats very fast" tration of the intravenous orted that she had received htravenous antibiotics" during he facility "without any pain or tions", and she "felt so awful id'.	F	309				
	medication adminis the patient was not antianxiety medicat admission (about 4 12:00 PM. On 2/15/08 at 10:48 reported that she had	rd (nurses notes and the stration record), revealed that given any pain medication or tion between the time of ::45 PM) and 2/3/08 about 5 AM in interview, LPN #1 ad started the admission at 5:00 PM, got the orders						
	the antianxiety medinurse, LPN #2, comfurther reported that notified of the order obtained too late in also been a snow sith the medications pharmacy on 2/4/08 she could have take (emergency medical however the medications that hat LPN #1 replied "not didn't make any comfurted the medications that hat LPN #1 replied "not didn't make any comfurted the magnetic transfer in the "E-Here transfer in the "E-Here" contacted the medications that hat LPN #1 replied "not didn't make any comfurted the magnetic transfer in the "E-Here" contacted the medications that hat LPN #1 replied "not didn't make any comfurted the must be supported to the medication that hat LPN #1 replied "not didn't make any comfurted the must be supported to the medication that hat LPN #1 replied "not didn't make any comfurted the must be supported to the medication that	iotic, the pain medication, and dication, and the night shift inpleted the paperwork. She at the pharmacy had not been it the day and that there had storm that day making it likely is would be delivered by 8. She further admitted that en medication from the "E-Kit" ation system) at the facility, ations ordered were not Kit". When asked if she had physician to obtain orders for ad been available in th "E-Kit", o, I didn't because the resident implaints". She stated that on she did not call the physician						

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		295023	B. WII	1G			C 6/2008	
NAME OF PROVIDER OR SUPPLIER CARSON CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2898 HIGHWAY 50 EAST CARSON CITY, NV 89701					
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F 309	"since her next dos afternoon so I had pass first". She fur informed the reside passing the medical On 2/26/08 at 9:15 reported that the particular medication three till began on 2/2/08 at 6:15 AM on 2/3/08, complained of anxi 6:15 in the morning resident had asked 1:30 AM on 2/3/08, her new surrounding there was no order further reported that the physician to obthe resident the recorded the patient medications request had given LPN #1 approximately 6:00 aware of the reside antianxiety medical responsibility since change. CNA #1 interviewed reported that the recorded that the reco	time to finish my medication ther reported that she had ent at that time when I finish ations I will call the doctor. AM in interview, LPN #2 atient had asked her for a mes during her shift which 6:00 PM and ended at about She admitted that the patient ety at 6:30 PM, and again at a she could not fall asleep in as she could not fall asleep in as she could not fall asleep in as LPN #2 reported that for sleeping medication. She at she had not offered to call tain medication orders to give quested medications. LPN #2 t did not receive any of the sted. She reported that she as verbal report at AM on 2/3/08 and was made ents request for pain and tions making it LPN #1's it occurred at the time of shift and on 2/15/08 at 11:30 AM. She esident had been crying when	F	309				
-	she went into her ro AM. She then "ask do to help her feel reported to her that night, and was a ne	com on 2/3/08 at about 6:00 and the patient what she could better", and the patient then a she had "been in pain all ervous wreck because of it, buld not give her any						

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		IDENTIFICATION NUMBER: A. B			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
		295023	B. WII	NG			6/2008		
NAME OF PROVIDER OR SUPPLIER CARSON CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2898 HIGHWAY 50 EAST CARSON CITY, NV 89701					
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F 309	social worker state patient on 2/4/08 at arrived at work for a patient had been at her days off. The state patient was ver The patient was ver The patient then reterrific pain, and warefused to give her complaints. On 2/15/08 at 10:00	AM in interview, the facility d that she had met with the around 8:00 AM when she the day, to evaluate her, as the dmitted over the week-end on ocial worker confirmed that y upset and had been crying. ported to her that she was in as anxious but that LPN #1 had medications for her	F	309					
	8:30 AM to discuss reported that the re that Resident #1 st. LPN #1 for failing to	nt's room on 2/4/08 at about her dietary needs. She sident was very anxious and ated she was very upset with give her medication.							
	and reported that s at 10:00 AM by CN supervisor on duty, "was very upset an her pain and anxiet	weed on 2/15/08 at 10:30 AM he had been notified on 2/3/08 IA #1, as she was the to report that the resident d crying" because she needed by medications one half hour intravenous antibiotics.							
	given two doses of any pain or antianx 12:00 AM, and on 2 On 2/26/08 at 4:15	PM in interview, RN #2 stated							
	on both occasions intravenous antibio and on 2/3/08 at 6:0	ad been crying and anxious" that she had administered the tics on 2/3/08 at 12:00 AM, 30 AM. She further reported ad stated "I can't take it here,							

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F 309	Continued From pa	•	F 309						
	the pain assessme admission. The "N 2/2/08 at 4:45 PM of	ealed that LPN #1 had started nt of Resident #1 on ursing Assessment" dated contained 17 questions related the questions were left ing the questions:							
	that would indicate 5) Does your presecontrol your pain m 14) How does the physical activity, me	ent treatment or medication							
	LPN #2 revealed jo a document that titl	onnel record for LPN #1, and ob duties/expectations listed in ed "Integrated Health tion Description, Licensed al) Nurse:							
	implements the pat	al Functions": state specific regulations, tient/resident plan of care and nt/resident response.			,				
	2/2/08 by LPN #1, i Problem: Patient h	ad recent surgery. erience complications related							

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F 309	#2. Monitor for versigns/symptoms of #3. Medicate per precord med effective effects. Problem: Resident related to right kne Goal: Resident will maintained ata tole diminished, each of decrease in episod Approaches: #1. Evaluate for versymptoms of pain, #4. Administer schem MD order. Further review revecare plan dated 2/2	bal, non-verbal pain physician order, monitor and veness/possible adverse t requires pain management e surgery. I have pain controlled and trable level, if not fully ccurrence daily, show a es through next 90 days. erbal/non-verbal signs and cues to assess pain severity, teduled/as needed pain med ealed an incomplete unsigned thas restlessness, anxiety	F 309				